

REFERRAL TO PATIENT BLOOD MANAGEMENT PROGRAM AT NORTH BAY REGIONAL HEALTH CENTRE (NBRHC):

PATIENT:

Patient Name: _____

Date of Birth: _____

Health Card Number: _____

NB # (If known): _____

Patient's Telephone Number: _____

REFERRING PHYSICIAN:

Name of Referring Physician: _____ Referring Physician Billing #: _____

Preferred Phone Number for Referring Physician: _____

Signature of Referring Physician

Date of Referral

PROCEDURE:

Anticipated surgical procedure: _____

Date of anticipated surgery (if known): _____

LAB RESULTS:

Hemoglobin _____ g/L Date: _____

Ferritin level (if known) _____ ug/L Date: _____

Transferrin Saturation (if known) _____ % Date: _____

Any Other Relevant Laboratory Results/Diagnostic Tests:

Referral to the Patient Blood Management Program at NBRHC Consists of:

Referral to Patient Blood Management Coordinator @ NBRHC: Anna Plant., RN.

Referral to Patient Blood Management Physician Lead @ NBRHC: Dr. Ali Amer

Fax: 705-495-8134 **Email:** anna.plant@nbrhc.on.ca **Phone:** 705-474-8600 x. 4930

If this referral is considered urgent or the anticipated surgical date is within 4 weeks from the date of this referral, please contact the Patient Blood Management Coordinator directly to notify of referral. Once the patient has been assessed in the Patient Blood Management Program, a copy of the Patient Blood Management Physician Lead Consultation Note including any orders for hemoglobin optimization/anemia management and recommendations for ongoing management by the Referring Practitioner will be sent to the Referring Practitioner via fax.